

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27747

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis Mo. (No. 2733 & Hippewa St.)
 St. Ward)

File No.
 Registered No. 7574
 St. Ward)

2. FULL NAME Charles F. Ashauer

(a) Residence, No. 2733 & Hippewa St. St., 24 Ward.
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 - 1850.</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>10</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16 - 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Aug 16, 1932
 I last saw him alive on Aug 13, 1932. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
Postal Cirrhosis
1245
935 / 1245
 Other contributory causes of importance: Arterio-sclerosis (1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Christian Ashauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Maria Horn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mathilda S. Ashauer
2733 Hippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE Aug. 20 - 1932

19. UNDERTAKER (ADDRESS) Frederick Bros.
2613 Cherokee St.

20. FILED AUG 19 1932 W. J. Stanley Registrar

Name of operation none Date of
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Peace W. Powers, M. D.
 (Address) 2531 So. Jefferson

WRITE PLAIN INK WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

